

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

RECEIVED - CSO  
15 MAY - 5 PM 12:57

|  |   |  |                      |
|--|---|--|----------------------|
| The C/OH Instruction Guide explains how to complete this form.                           |   | 1 ACCOUNT #<br>(Ethics Commission Filers)  | 2 Total pages filed: |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br>Ms. ELEONOR<br>NICKNAME LAST SUFFIX<br>HERNANDEZ  | OFFICE USE ONLY<br>Date Received<br>Date Hand-delivered or Postmarked<br>Receipt # Amount<br>Date Processed<br>Date Imaged |                      |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> change of address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>206 E. THIRD ST. 76010  |  |                      |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(915) 820-0638  |  |                      |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>ELEONOR<br>NICKNAME LAST SUFFIX<br>HERNANDEZ  |  |                      |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>206 E. THIRD ST. 76010   |  |                      |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(915) 820-0638  |  |                      |
| 9 REPORT TYPE  | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)<br><input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR) |  |                      |
| 10 PERIOD COVERED  | Month Day Year    THROUGH    Month Day Year<br>4/9/15    5/1/15   |  |                      |
| 11 ELECTION  | ELECTION DATE    ELECTION TYPE<br>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special<br>5/9/15  |  |                      |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)<br>DISTRICT 5 Council  |                      |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

ELEONOR HERNANDEZ

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 500.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 500.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 500.00

4. TOTAL POLITICAL EXPENDITURES

\$ 500.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 0

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Elenor Hernandez, this the 5th day of May, 20 15, to certify which, witness my hand and seal of office.

Tina Stewart

Signature of officer administering oath

Tina Stewart

Printed name of officer administering oath

notary

Title of officer administering oath



**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: 2 FILER NAME **ELEONOR HERNANDEZ** 3 ACCOUNT # (Ethics Commission Filers)

4 Date **4/9/15** 5 Payee name **Nation Wide Press Production**

6 Amount (\$) **\$310.00** 7 Payee address; City; State; Zip Code  
**7370 Dogwood Park**  
**Richland Hills 76118**

8 PURPOSE OF EXPENDITURE  
(a) Category (See categories listed at the top of this schedule) **YARD SIGNS**  
(b) Description (If travel outside of Texas, complete Schedule T)  
☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name **ELEONOR HERNANDEZ** Office sought **DIST. 5** Office held

Date **4/10/15** Payee name **LT Arlington Print Card**

Amount (\$) **\$200.00** Payee address; City; State; Zip Code  
**Spanios Rd. Arlington, 76119**

PURPOSE OF EXPENDITURE  
Category (See categories listed at the top of this schedule) **Political advertising**  
Description (If travel outside of Texas, complete Schedule T)  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name **ELEONOR HERNANDEZ** Office sought **DIST 5** Office held

Date Payee name  
Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE  
Category (See categories listed at the top of this schedule)  
Description (If travel outside of Texas, complete Schedule T)  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

Date Payee name  
Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE  
Category (See categories listed at the top of this schedule)  
Description (If travel outside of Texas, complete Schedule T)  
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH  
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED